



## Arizona Supreme Court Defensive Driving Program

### School Fee Change Request

School Number: \_\_\_\_\_ School Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Contact Phone(s): \_\_\_\_\_

Fax: \_\_\_\_\_ School's Public Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Effective Date: October 1, 2013**

#### SCHOOL'S FEE(S):

To ensure compliance with ACJA 7-205 F (5) (k) and F (5) (m), you will need to list all fees that you will be charging as your school fee. This will include your school fee with all courts, for example charging a \$25.00 fee for Tempe, Phoenix and Peoria and \$35.00 for all other courts, or if your school charges a different fee for a classroom course then it does for those taking an online course. If there are any other fee variances in your pricing (i.e. processing, credit card, etc.) these need to be listed on this form. It is your obligation to ensure that whatever fee you are charging is on this form. Periodic reviews will be conducted of your website to verify the accuracy of your fees. Please use Page 2 of this form for School Fee Listing.

After April 1, 2013 those schools that list or provide students a fee(s) that does not match this form will be immediately removed from the program's website and toll free phone line and will remain off both pending compliance. A school that continues to be in non-compliance will face disciplinary action.

This fee is only the amount the school receives from a student, NOT the total cost for a student to attend or complete a defensive driving course.

***THIS FORM MUST BE RECEIVED NO LATER THAN: September 27, 2013 @ 5:00pm:***

Certification and Licensing Division - Compliance Unit  
1501 W. Washington, Suite 104  
Phoenix, AZ 85007



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#### **COURT FEES:**

(Identify the associated city or county)

- |           |            |
|-----------|------------|
| 1. _____. | 6. _____.  |
| 2. _____. | 7. _____.  |
| 3. _____. | 8. _____.  |
| 4. _____. | 9. _____.  |
| 5. _____. | 10. _____. |

**PLEASE LIST BELOW ANY OTHER FEES THAT YOU CHARGE:**

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#### **Authorization:**

School Designated Principal's **printed name:** \_\_\_\_\_

School Designated Principal's **signature:** \_\_\_\_\_

Date: \_\_\_\_\_